KALKASKA COUNTY CONSTRUCTION CODES

605 N. BIRCH STREET
KALKASKA, MI 49646
Phone (231) 258-3365 ext. 1
www.Kalkaskacounty.net
E-mail: KCCC@ kalkaskacounty.org

APPLICATION FOR BUILDING PERMIT

NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS

Permit Number (office use only)

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1. JOB LOCATION

Address	Township or Village
Parcel Number - - -	City Zip Code

2. IDENTIFICATION

A. OWNER OR LESSEE

Name		Address	
City	State	Zip Code	Telephone Number
E-mail			Cell Number

B. CONTRACTOR

Name		Address	
City	State	ZipCode	Telephone Number
E-mail		Fax Number	Cell Number
Builders License Number			Expiration Date

Federal Employer ID Number or Reason for Exemption

Workers Comp Insurance Carrier or Reason for Exemption

MESC Employer Number or Reason for Exemption

C. ARCHITECT OR ENGINEER

Name		Address	
City	State	ZipCode	Telephone Number
E-mail		Number	Cell Number

3. APPLICANT SIGNATURE

Section 23a of the State Construction Code Act of 1972, 1972 PA 230, MCL 125.1523a, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or residential structure. Violators of Section 23a are subject to civil fines.

EXPIRATION OF PERMIT: A permit becomes invalid if the authorized work is not commenced within six months after issuance of the permit or if authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A PERMIT WILL BE REVOKED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. REVOKED PERMITS CANNOT BE REFUNDED OR REINSTATED

CONTRACTOR

I hereby certify that the proposed work described on this application is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent. All of the information submitted on this application is accurate to the best of my knowledge.

Signature **Printed Name** **Date**

HOMEOWNER AFFIDAVIT

I hereby certify that the work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the Michigan Residential Building Code and shall not be enclosed, covered **up,** or put into operation until it has been inspected and approved by the Kalkaska County Building Inspector. I will cooperate with the Kalkaska County Building Inspector and assume the responsibility to arrange for necessary inspections.

Signature **Printed Name** **Date**

1. O New Building 2. O Addition	3. O Alteration 4. O Repair	5. O Demolition 6. O Foundation Only	7. O Special Inspection 8. O Relocation	9. O Manufacture Set Only: O MRC O HUD

4. PROPOS ED USE OF BUILD ING/Plan Review Information

A. RESIDENTIAL	B. Commercal l	C. Estimated Cost of Construction
O One-Family , No. Bedrooms: ___ No. Full Baths:_____No. Half Baths:_____ O Multi -Family, No. Units: _ O Garage: O Attached O Detached O Townhouse, No Units: _____ O Post Frame Building O Other	O Assembly O Institutional O Business O Mercantile O Educational O Storage O Factory O Utility O High Hazard O Miscellaneous	$ _____

D. Provide a description of the work to be covered by building permit as examples; 5,000 square foot alteration of interior office space, a 2500 square foot addition to storage building, replace 5 exterior windows and 2 doors, renovate basement in a residence to occupiable space, etc. If use of existing building is being changed, **enter proposed** use.

5. **DIMENSION DATA**

FLOOR AREA IN SQUARE FEET	SQUARE FOOTAGE	DEPARTMENT USE	FOUNDATION AREA
Foundation			O Craw l Space O Slab O Piers or Pads O Basement: O Finished O Unfinished No. of Stories
Main Floor			
Second Floor			
Covered Porch			
Enclosed Porch			
Deck			
Garage D Finished Interior O Unfinished Interior			
Post Frame Building			
Other			
TOTAL AREA			

6. VALIDATION - FOR DEPARTMENT USE ONLY

PERMIT APPROVALS	REQUIRED	APPROVED	DATE	NUMBER	BY
A. Address / Recorded Deed	O Yes O No				
B. Soil Erosion	O Yes O NO				
C. Health Department- Water/Sewer	O Yes O No				
D. land Use	O Yes O NO				
E. Driveway	O Yes O No				
F. State Energy Code	O Yes O No				
G. Two (2) Sets of Building Plans	O Yes O No				
H. Truss Details	O Yes Q No				
I. MI Department of Environmental Quality	O Yes O No				
J. Flood Plain	O Yes Q No				
K. Other	O Yes O No				

8. VALIDATION - FOR DEPARTM ENT USE ONLY

Use Group _____

Type of Construction _____ Approved By: _____

Number of Inspections _____ Date: _____